

Warning Notice

Name _____ Date _____
 Last First M.I.

Title _____ Dept. _____

Type of Incident

<input type="checkbox"/> Unexcused Absence	<input type="checkbox"/> Carelessness	<input type="checkbox"/> Failure to Follow Instructions/Insubordination
<input type="checkbox"/> Tardiness or Leaving Without Permission	<input type="checkbox"/> Improper Conduct	<input type="checkbox"/> Violation of Safety Rules, Policies or Procedures
<input type="checkbox"/> Harassment	<input type="checkbox"/> Destruction of Company Property	<input type="checkbox"/> Theft, Fraud, and/or Dishonesty
<input type="checkbox"/> Unsatisfactory Work Quality	<input type="checkbox"/> Violation of Company Policies or Procedures	<input type="checkbox"/> Lack of Cooperation or Teamwork
<input type="checkbox"/> Other		

Previous Warnings

	Date	Type	Reason for Warning
1 st Warning			
2 nd Warning			
3 rd Warning			

Employer Statement	Employee Statement
Date of Incident	<input type="checkbox"/> I agree with employer's statement.
Time ____:____ AM/PM	<input type="checkbox"/> I disagree with employer's description of incident for the following reasons:
_____	_____
_____	_____
_____	_____
_____	_____

Timeframe for improvement Immediately 30 days 60 days

Other _____

Action Verbal Warning Written Warning Suspension Dismissal

Other _____

Consequences of failure to improve _____

 *Employee's Signature

Date _____

* I acknowledge that this warning has been discussed with me.

 Supervisor's Signature

Date _____